MAPLEWOOD OF SAUK PRAIRIE

245 SYCAMORE ST

SAUK CITY 53583 Phone: (608) 643-3383		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	120	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	109	Average Daily Census:	108

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	.2/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38.5	
Supp. Home Care-Personal Care	No					1 - 4 Years	32.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	5.5	More Than 4 Years	29.4	
Day Services	No	Mental Illness (Org./Psy)	18.3	65 - 74	6.4			
Respite Care	No	Mental Illness (Other)	0.0	75 – 84	18.3		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57.8	*********	******	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	11.9	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			- Nursing Staff per 100 Reside		
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	2.8	65 & Over	94.5			
Transportation	No	Cerebrovascular	5.5			RNs	9.0	
Referral Service	No	Diabetes	1.8	Gender	%	LPNs	5.8	
Other Services	Yes	Respiratory	0.9			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	67.0	Male	30.3	Aides, & Orderlies	46.0	
Mentally Ill	No			Female	69.7			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care		1	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	8	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	응	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	 5	38.5	325	2	2.9	139	0	0.0	0	0	0.0	0	0	0.0	0	 1	100.0	350	8	7.3
Skilled Care	8	61.5	348	67	97.1	119	0	0.0	0	26	100.0	168	0	0.0	0	0	0.0	0	101	92.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		69	100.0		0	0.0		26	100.0		0	0.0		1	100.0		109	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
beatis buring Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.8	Bathing	0.0		45.9	54.1	109
Other Nursing Homes	1.1	Dressing	3.7		82.6	13.8	109
Acute Care Hospitals	90.4	Transferring	20.2		50.5	29.4	109
Psych. HospMR/DD Facilities	0.6	Toilet Use	11.9		57.8	30.3	109
Rehabilitation Hospitals	0.6	Eating	46.8		32.1	21.1	109
Other Locations	2.2	*********	******	*****	* * * * * * * * * * * * * * * * * *	*******	******
Total Number of Admissions	178	Continence		8	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.3	Receiving Resp	iratory Care	22.0
Private Home/No Home Health	9.0	Occ/Freq. Incontiner	nt of Bladder	46.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	37.6	Occ/Freq. Incontiner	nt of Bowel	37.6	Receiving Suct	ioning	0.9
Other Nursing Homes	1.1				Receiving Osto	my Care	1.8
Acute Care Hospitals	14.6	Mobility			Receiving Tube	Feeding	0.9
Psych. HospMR/DD Facilities	0.6	Physically Restraine	ed	0.9	Receiving Mech	anically Altered Diets	41.3
Rehabilitation Hospitals	0.6						
Other Locations	7.9	Skin Care			Other Resident C	haracteristics	
Deaths	28.7	With Pressure Sores		6.4	Have Advance D	irectives	92.7
Total Number of Discharges		With Rashes		8.3	Medications		
(Including Deaths)	178	İ			Receiving Psyc	hoactive Drugs	49.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility Pe				Group	Peer Group		Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	84.2	1.07	86.9	1.04	87.7	1.03	88.8	1.01
Current Residents from In-County	82.6	76.9	1.07	80.4	1.03	70.1	1.18	77.4	1.07
Admissions from In-County, Still Residing	18.5	19.0	0.97	23.2	0.80	21.3	0.87	19.4	0.96
Admissions/Average Daily Census	164.8	161.6	1.02	122.8	1.34	116.7	1.41	146.5	1.13
Discharges/Average Daily Census	164.8	161.5	1.02	125.2	1.32	117.9	1.40	148.0	1.11
Discharges To Private Residence/Average Daily Census	76.9	70.9	1.08	54.7	1.40	49.0	1.57	66.9	1.15
Residents Receiving Skilled Care	100	95.5	1.05	96.9	1.03	93.5	1.07	89.9	1.11
Residents Aged 65 and Older	94.5	93.5	1.01	92.2	1.02	92.7	1.02	87.9	1.08
Title 19 (Medicaid) Funded Residents	63.3	65.3	0.97	67.9	0.93	68.9	0.92	66.1	0.96
Private Pay Funded Residents	23.9	18.2	1.31	18.8	1.27	19.5	1.22	20.6	1.16
Developmentally Disabled Residents	0.9	0.5	1.83	0.6	1.46	0.5	1.86	6.0	0.15
Mentally Ill Residents	18.3	28.5	0.64	37.7	0.49	36.0	0.51	33.6	0.55
General Medical Service Residents	67.0	28.9	2.32	25.4	2.64	25.3	2.64	21.1	3.18
Impaired ADL (Mean)	56.9	48.8	1.17	49.7	1.14	48.1	1.18	49.4	1.15
Psychological Problems	49.5	59.8	0.83	62.2	0.80	61.7	0.80	57.7	0.86
Nursing Care Required (Mean)	10.2	6.5	1.58	7.5	1.36	7.2	1.41	7.4	1.37